

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2019 ANNUAL REPORTLobbyist Annual Report
(January 1 – December 31, 2019)
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Iosua, Michael L.

LOBBYIST FIRM/EMPLOYER (if applicable)

Imanaka Asato LLC

TELEPHONE

521-9500

MAILING ADDRESS (No. and Street or P.O. Box)

Topa Financial Center
Fort Street Tower
745 Fort Street Mall, 17th Floor

FAX

541-9050

EMAIL

miosua@imanaka-asato.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Na Pua Makani Power Partners, LLC

TELEPHONE

(532) 493-7783

MAILING ADDRESS (No. and Street or P.O. Box)

690 Studebaker Road

FAX

EMAIL

(City)

Long Beach

(State)

CA

(Zip Code)

90803

PART III EXPENDITURES, BY TYPE

Political Contributions

Amount

Receptions, Meals, Food
& Beverages

Amount

Preparation & Distribution
of Lobbying Materials

Amount

Media Advertising

Amount

Entertainment & Events

Amount

Other ☐ Additional Sheet(s) Attached

TOTAL 0.00 per Charmine Missy Rios,

3-30-2020

Imanaka + Assoc. Tel: 521-9500

PART IV FEES, COMPENSATION, CONTRIBUTIONS AND MEMBERSHIP FEES YOU RECEIVED FOR THE PURPOSE OF LOBBYING

Fees	Amount
Compensation	Amount \$12,500.00
Contributions	Amount
Membership Fees	Amount
<input type="checkbox"/> Check here if additional sheets attached	<input type="checkbox"/> n/a

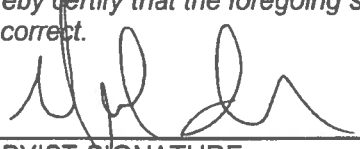
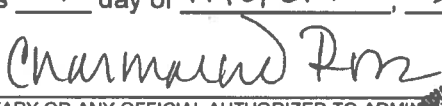
PART V DESCRIPTION OF SUBJECTS ON WHICH YOU LOBBIED

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART VI POLICY MAKING PROCESS DECISIONS YOU SOUGHT TO INFLUENCE AND OUTCOME (e.g., Bill X (2019), passed)

1.	Outcome:	4.	Outcome:
2.	Outcome:	5.	Outcome:
3.	Outcome:	<input type="checkbox"/> Additional Sheet(s) Attached	

PART VII LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.  LOBBYIST SIGNATURE 3/24/20 DATE	Subscribed and sworn to before me This <u>24th</u> day of <u>March</u> , <u>2020</u> . By:  NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires: <u>7/25/2021</u>
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